

ID-15

STATE OF ALABAMA
DEPARTMENT OF INSURANCE

SL

Surplus Lines Brokers

For the Period Ending _____

Broker No.

Surplus Lines Broker _____

Name of Brokerage Company

Address _____

SUMMARY

PAGE NO. from worksheet	GROSS PREMIUM	RETURN PREMIUM	NET PREMIUM
TOTAL			\$

Total Net Premium

Total No. of pages in this Report _____

Total Amount of Tax Due for this Report

\$

Surplus Lines Broker

Sworn To and Subscribed Before Me

SEAL

This _____ Day of _____, 20____